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Letter to the Editor

Re: Age-related incidence curve of hospitalized Shaken Baby Syndrome cases: Convergent evidence for crying as a trigger to shaking (Barr, Trent, & Cross, 2006)*To the Editor:*

In their recent paper on infant crying as a trigger to shaking, Barr, Trent, and Cross (2006) show the age-related incidence curve of Shaken Baby Syndrome hospitalizations to be of a shape very similar to that of normal crying. The ages at which both curves peak differ somewhat, but a likely explanation for these differences is that multiple shakings may have occurred before the shaking leading to hospitalization.

I agree with Barr et al. that it is indeed very likely that the crying of the infant is the precipitating factor in at least a part of the cases of Shaken Baby Syndrome. However, the evidence is even more compelling than these authors suggest. The results of a previous study on 3,345 infants show that parents report to undertake a number of actions detrimental for infant health to stop infant from crying (Reijneveld, Brugman, Hira Sing, & Verloove-Vanhorick, 2004). For instance, 3.35% of the parents of 6-month-old infants report to have shaken their baby at least once to stop their crying. For parents of 1-month-old infants, this percentage is 1.10%. Of the parents of 6-month-old infants, 5.60% report to have shaken their infant to stop their crying or to have undertaken similar detrimental actions like smothering or slapping. Probably, these percentages are actually higher because of parental underreporting, which is likely to occur even though it concerns an anonymous and confidential questionnaire (Reijneveld et al., 2004). And most important: the worries of parents about the crying of their infant and their judging this crying excessive are much more predictive than the actual amount of crying, measured by Wessel's criteria for its duration (Reijneveld, Van der Wal, Brugman, Hira Sing, & Verloove-Vanhorick, 2004; Wessel, Cobb, Jackson, Harris, & Detwiller, 1954).

This evidence strongly supports the association between infant crying and the Shaken Baby Syndrome as suggested by Barr et al. (2006). Moreover, it provides important items for its prevention. This prevention should especially focus on effect of the crying on the parents, and on their skills to better cope with both the crying and the stress that it provokes. Just diminishing the crying is probably less adequate because the judgment of the crying appears to be more important than its actual duration (Reijneveld et al., 2004). These interventions should be especially targeted at parents that report their infant to cry excessively. Improving the coping skills of these parents may be beneficial both for the prevention of the Shaken Baby Syndrome and for the prevention of abuse in later child life.

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